

SERIAL NUMBER 09/273,217	FILING DATE 03/19/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 19603/1451(C)
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APPLICANT

XIN-YUN HUANG, NEW YORK, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/079,268 03/25/98

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/12/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>MS</u> Examiner's Initials Initials					

ADDRESS	MICHAEL L GOLDMAN NIXON HARGRAVE DEVANS & DOYLE LLP CLINTON SQUARE PO BOX 1051 ROCHESTER NY 14603	<i>Nixon Peabody LLP Clinton Square P.O. Box 1051 Rochester, NY 14603</i>
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TITLE	METHOD FOR DESIGNING SPECIFIC ION CHANNEL BLOCKERS <i>Methods For IDENTIFYING SPECIFIC ION CHANNEL BLOCKER</i>
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FILING FEE RECEIVED  \$619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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## UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 6809

<b>SERIAL NUMBER</b> 09/273,217	<b>FILING DATE</b> 03/19/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 19603/1451(C)	
<b>APPLICANTS</b> XIN-YUN HUANG, NEW YORK, NY; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/079,268 03/25/1998 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/12/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MICHAEL L GOLDMAN NIXON PEABODY LLP CLINTON SQUARE PO BOX 31051 ROCHESTER, NY 14603-1051					
<b>TITLE</b> METHOD FOR DESIGNING SPECIFIC ION CHANNEL BLOCKERS					
<b>FILING FEE RECEIVED</b> 619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 35
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MICHAEL L GOLDMAN NIXON PEABODY LLP CLINTON SQUARE PO BOX 1051 ROCHESTER ,NY 14603				
<b>TITLE</b> METHOD FOR DESIGNING SPECIFIC ION CHANNEL BLOCKERS				
<b>FILING FEE RECEIVED</b> 619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	